



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR DEEP SEDATION /
GENERAL ANESTHESIA SITE CERTIFICATE**

FEE: \$100

MISSOURI DENTAL BOARD
3605 MISSOURI BOULEVARD
P.O. BOX 1367
JEFFERSON CITY MO 65102-1367
TELEPHONE: (573) 751-0040
TTY: (800) 735-2966

**PLEASE TYPE OR PRINT
LEGIBLY IN BLACK INK**

SECTION I – DENTAL OFFICE INFORMATION

NAME OF DENTAL OFFICE		
NAME OF DENTIST-IN-CHARGE (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)		
ARE YOU CONTRACTING WITH AN OUTSIDE SEDATION PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DENTAL OFFICE ADDRESS		
CITY	STATE	ZIP CODE
DENTAL OFFICE TELEPHONE NUMBER	FAX NUMBER	

SECTION II – DENTIST-IN-CHARGE

1. Is the primary administrator of deep sedation/general anesthesia a qualified sedation provider as set forth in 20 CSR 2110-4.010? YES ☐ NO ☐
2. Do all anesthesia team members (two minimum), including yourself, possess and maintain current certification in the American Heart Association's basic life support (BLS) for the Healthcare provider or advanced cardiac life support (ACLS)? Online only classes will not be accepted to satisfy the BLS requirement or ACLS. **Please attach appropriate documentation.** YES ☐ NO ☐
3. During the past five (5) years have all moderate sedation team members, including yourself, completed a board-approved course in monitoring sedated patients? **Please attach appropriate documentation.** YES ☐ NO ☐
4. Does the dental office maintain personnel capable of handling procedures and emergencies incident to the administration of deep sedation/general anesthesia? YES ☐ NO ☐

SECTION III – EQUIPMENT

IS THE DENTAL OFFICE PROPERLY MAINTAINED AND EQUIPPED AS SET FORTH IN 20 CSR 2110-4.040(8)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Before a site certificate is issued, the dental office shall undergo a facility inspection as set forth in 20 CSR 2110-4.040 to confirm the adequacy of the dental office and the qualifications of the deep sedation/general anesthesia sedation team.			
Please list below the name(s) and permit number(s) (if applicable) of the individual(s) who intends to offer deep sedation/general anesthesia services at this dental office.			
SEDATION PROVIDER	PERMIT NUMBER	SEDATION PROVIDER	PERMIT NUMBER
SEDATION PROVIDER	PERMIT NUMBER	SEDATION PROVIDER	PERMIT NUMBER

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the dentist-in-charge referred to in the proceeding application for a Deep Sedation/General Anesthesia Site Certificate in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration, this application as required by the Missouri law governing the practice of dentistry and subject to the rules and regulations of the Missouri Dental Board. I subscribe and agree to abide by all applicable laws and rules regarding the practice of dentistry. I hereby certify that I have familiarized myself with Chapter 332, RSMo, known as the Dental Practice Act and applicable rules promulgated by the Missouri Dental Board.

Enclosed is the permit fee which is nonrefundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	SIGNATURE OF APPLICANT	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	